PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10714175

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			6]	RATE	FEE].	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			6 minus 20=		*	0		X\$ 9=		OR	X\$18=	0
INDEPENDENT CLAIMS				nus 3 =	*	0		X43=		OR	X86=	Ò
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero,					"0" in (column 2		TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II						10 1 0)		OTHER THAN SMALL ENTITY OR SMALL ENTITY				
_		(Column 1)	T	(Colum				SMALL		1 1		
AMENDMENT A	,	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	-	=] [X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	1 [X43=		OR	X86=	·
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		J	+145=		OR	+290=	
							L	TOTAL		Į 1	TOTAL	
ADDIT. FEE										OR	ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)	_					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	<u> </u>	=]	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
	\	CLAIMS		HIGHE		100,0,,,,,,,,,,,	1 6	- : I	ADDI-	ſ		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	-	=	 	X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A-0-		OR	700-	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
**	f the "Highest Nur	mber Previously Pa	id For IN THIS	SPACE is	less that	n 20, enter *20.	 IA	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		mber Previously Pa ber Previously Paid							ropriate box	in coli	umn 1	